

## PART B - FEE(S) TRANSMITTAL

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466 7590 62/092010

**YOUNG & THOMPSON**  
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(Deponent's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONSTATINATION NO.
10/591,849	09/05/2006	Wilfried Mettke	0523-1030	3326

TITLE OF INVENTION: DEVICE AND METHOD FOR CONTROLLING THE CALORIMETRIC QUALITY OF ANY PRINTED DOCUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE (14% PUBLICATION FEE DUE)	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$200	\$0	\$1055	05/02/2010

EXAMINER	ART UNIT	CLASSE-KLASS-CLASS
KIM, AHSHIK	2876	235-176600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address. (or Change of Correspondence Address Form PTO/SB/122 attached).
- "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or later version) attached. Use of a Customer Number is required.

2. For printing on the patent front page. List

- (1) the names of up to 3 registered patent attorneys or agents OR alternatively,
  - (2) the name of a single firm having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1.....  
2 Young & Thompson  
3.....

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication fee (No small entity discount permitted)
- Advance Order - # of Copies

4b. Payment of Fee(s) (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120. (enclose an extra copy of this form)

5. Change in Entity Status (item status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(c)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(if necessary)

Authorized Signature Benoit Castel  
Typed or printed name Benoit Castel

Date April 23, 2010

Registration No. 35,041

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